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Bib Data Sheet

CONFIRMATION NO. 7558

SERIAL NUMBER 09/887,566	FILING DATE 06/25/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 01/22003
APPLICANTS Joseph Gil, Haifa, ISRAEL; Ron Kimmel, Haifa, ISRAEL;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/213,583 06/23/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 31
INDEPENDENT CLAIMS 6				
ADDRESS G.E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA SUITE 207 2001 JEFFERSON DAVIS HIGHWAY ARLINGTON ,VA 22202				
TITLE Data filtering apparatus and method				
FILING FEE RECEIVED 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET**CONFIRMATION NO. 7558**

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SERIAL NUMBER 09/887,566	FILING DATE 06/25/2001 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 01/22003
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APPLICANTS

Joseph Gil, Haifa, ISRAEL;
 Ron Kimmel, Haifa, ISRAEL;

**** CONTINUING DATA ******* *yes 322P*
 This appln claims benefit of 60/213,583 06/23/2000

**** FOREIGN APPLICATIONS ******* *None 322P*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Patel</i> Examiner's Signature Initials	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
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TITLE
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